Application Number: 10/760,975

Filing Date: 1/20/2004

Certificate of Transmission under 37 CFR 1.8

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1. Fee Transmittal
2. Information Disclosure Statement
3. PTO Form 1449

Total pages including cover sheet: 4

MS1-1801US
(703) 872-9306

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FEE TRANSMITTAL
For FY 2005

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 0.00

Complete If Known

Application Number	10/760,975
Filing Date	1/20/2004
First Named Inventor	Bettina Walter
Examiner Name	
Art Unit	
Attorney Docket No.	MS1 1801US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☑ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☑ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☑ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	Small Entity Fee ($)	SEARCH FEES Fee ($)	Small Entity Fee ($)	EXAMINATION FEES Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims		Fee ($)	Fee Paid ($)
_____ - 20 or HP =		_____	x	50	= _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims		Extra Claims		Fee ($)	Fee Paid ($)
_____ - 3 or HP =		_____	x	200	= _____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee ($)	Fee Paid ($)
_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee ($)	Fee Paid ($)
_____ - 100 =		_____	/ 50 =	_____ (round up to a whole number)	x	_____	= _____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount) _____

Other: _____ _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 45988	Telephone (509) 324-9256
Name (Print/Type)	Mark C. Farrell		Date 4-7-05

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. 10/760,975
Filing Date 1/20/2004
Confirmation No. 3480
Inventorship .... Bettina Walter
Applicant .... Microsoft Corporation
Group Art Unit ....
Examiner ....
Attorney's Docket No. MS1-1801US
Title: Custom Emoticons

INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

REMARKS

The citations listed, copies attached, are submitted in compliance with the

duty of disclosure defined in 37 CFR §1.56. The Examiner is requested to make

these citations of official record in this application.

Respectfully Submitted,

Date: 4-7-05

By: _____

Mark C. Farrell

Reg. No. 45988

LEE & HAYES, PLLC   1   0303051650 U:\DA1FORM.WPD

PAGE 3/4 * RCVD AT 4/7/2005 6:26:20 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID:509 323 8979 * DURATION (mm-ss):01-38

Substitute for form 1449/PTO **INFORMATION DISCLOSURE STATEMENT BY APPLICANT** *(Use as many sheets as necessary)*	Complete if Known	
	Application Number	10/760,975
	Filing Date	1/20/2004
	First Named Inventor	Bettina Walter
	Art Unit	
	Examiner Name	
Sheet of	Attorney Docket Number	MS1 1801US

U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No.[1]	Document Number Number-Kind Code[2] (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 2002178230	11/28/2002	Sudhanshu et al.	
		US-			
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FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No.[1]	Foreign Patent Document Country Code[3] Number[4] Kind Code[5] (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T[6]
		WO 2004/004139	1/8/2004	Yahoo, Inc.		

Examiner Signature		Date Considered	

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This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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